

## OFFICE OF FINANCIAL INSTITUTIONS CAPCO ADVANCE NOTIFICATION FORM

## PLEASE TYPE

This document must be filed prior to filing an application to become a certified Louisiana capital company, together with a \$100.00 fee for each notification. Please make check payable to the "Office of Financial Institutions".

## PARENT COMPANY

Company name				
Address/City/State/Zip		NAICS Code		
Detailed business description:				
P				
Contact person	<del></del>	Title		
Company name		Address		
City/State/Zip		Telephone	Fax	
Name and title of official		Signature of company official		
Please return this form and fee to:	John D. Travis, Commi	ssioner		
i lease return uns form and fee to.	Office of Financial Inst			
	Post Office Box 940			

Baton Rouge, LA 70804-9095